

Virginia Division of Forensic Science
OCME PHYSICAL EVIDENCE RECOVERY KIT EXAMINATION WORKSHEET

CONTAINER#: _____ ITEM#: _____ ANALYST: _____ DATE: _____ FS LAB#: _____
Type of seal: _____

PRELIMINARY RESULTS

DESCRIPTION	APPEARANCE	SPERM / SEMINAL FLUID				BLOOD	NOTES
		AP	SMEAR	EXTR	p30	PTMB	
Stain card	Name: _____						
Oral swabs							
Vaginal/cervical swabs (if applicable)							
Penile swabs (if applicable)							
Anorectal swabs							
Other:							
Left fingernails							
Right fingernails							
Underpants							
Controls:		Semen:	Semen:				:Blood :Blank
		Blank:	Blank:				
			ABA CARD LOT#:				